

DIVISION OF CHILD CARE AND EARLY LEARNING (DCCCL)
FACILITY LICENSING COMPLIANCE AGREEMENT (FLCA)

**ADDENDUM:
SUPERVISORY REVIEW REQUEST**

Date of inspection:		INSPECTION TYPE	Page ____ of ____
LICENSOR/HEALTH SPECIALIST NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)	
LICENSOR/HEALTH SPECIALIST MAILING ADDRESS			

I request supervisory review of the following issues:

WASHINGTON ADMINISTRATIVE CODE (WAC)	NONCOMPLIANCE DESCRIPTION/SUMMARY	I BELIEVE I AM ALREADY MEETING THE INTENT OF THE WAC BY: (PLEASE BE DETAILED AND SPECIFIC) (REQUESTING SUPERVISORY REVIEW IS NOT USED TO CHALLENGE WAC)

Supervisor (initials): _____ Date: _____ ☐ Approval of FLCA as written. ☐ Modified FLCA per discussion. ☐ Disapproval of FLCA as written.

FACILITY ADMINISTRATOR'S OR PROVIDER'S SIGNATURE	DATE	CHILD CARE CENTER'S NAME, IF APPLICABLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
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